



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

May 29, 2007

Jennifer Davis, Administrator
Teton House
555 S 3rd West
Rexburg, ID 83440

License #: RC-577

Dear . Davis:

On April 18, 2007, a state licensure survey was conducted at Teton House. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Debbie Sholley, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

DEBBIE SHOLLEY, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DS/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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April 26, 2007

Jennifer Davis, Administrator
Teton House
555 S 3rd West
Rexburg, ID 83440

Dear Ms. Davis:

On April 18, 2007, a state licensure survey was conducted at Teton House. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by May 18, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink that reads "Debbie Sholly, LSW". The signature is written in a cursive, flowing style.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R577	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/18/2007
NAME OF PROVIDER OR SUPPLIER TETON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 555 S 3RD WEST REXBURG, ID 83440		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard health care survey conducted at your facility. The surveyors conducting the standard health care survey were:</p> <p>Debbie Sholley, LSW Team Coordinator Health Facility Surveyor</p> <p>Karen McDannel, RN Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

SY9U11

If continuation sheet 1 of 1



BUREAU OF FACILITY STANDARDS
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ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name Teton House	Physical Address 555 South 3rd West	Phone Number 208 359-2478
Administrator Jennifer Davis	City Rayburg	ZIP Code 83440
Survey Team Leader Debbie Shalby	Survey Type Standard Survey	Survey Date 4-18-07

NON-CORE ISSUES

NON-CORE ISSUES

[illegible]

Response Required Date
5-18-07

Signature of Facility Representative

Date Signed

4-18-07